

Commonwealth of Virginia
 Department of Professional and Occupational Regulation
 9960 Mayland Drive, Suite 400
 Richmond, VA 23233
 (804) 367-8509
www.dpor.virginia.gov



Board for Opticians
OPTICIANS EXAMINATION & LICENSE APPLICATION

- ➔ Applicants are required to attach successful completion of high school or a high school equivalency course.
- ➔ To obtain a Contact Lens Endorsement, you must submit a *Contact Lens Endorsement Application*.
- ➔ If you have passed the American Board for Opticianry (ABO) examination or any other written examination administered by a state licensing board, attach a copy of your current certification. Otherwise, you must apply for both the written and practical examinations AND submit a \$300.00 fee.

Examination sites are located in Richmond and Wytheville, Virginia. Candidates will be scheduled at the site closest to their geographic location. If the Wytheville site is full, candidates will be scheduled at the Richmond site. **Candidates will be notified of the date, time and location one month prior to the examination date.** Please visit the Department's web site at www.dpor.virginia.gov for examination dates.

An applicant must pass the written and practical examination within two years of the initial test. After two years, applicants must submit a new application and pay the required fee.

A check or money order payable to the **TREASURER OF VIRGINIA**, or a completed credit card insert available at <http://www.dpor.virginia.gov/dporweb/forms/fin/creditcard.pdf> must be mailed with your application package.

APPLICATION FEES ARE NOT REFUNDABLE.

Select the method you are using to apply for your optician license. Select only **one**.

| Method of Licensure | Trans | Fee | <input checked="" type="checkbox"/> |
|---|-------|-----------|-------------------------------------|
| Initial Application/Written & Practical Examination Initial license application | 1010 | \$ 300.00 | <input type="checkbox"/> |
| By Reciprocity - Application/Written & Practical Examination Optician licensed in another state who has not passed a written exam and a practical exam | 1012 | \$ 300.00 | <input type="checkbox"/> |
| By Reciprocity - Application/Practical Examination Optician licensed in another state who has passed only a written exam | 1012 | \$ 125.00 | <input type="checkbox"/> |
| By Reciprocity - Application Only Optician licensed in another state who has passed both a written exam and a practical exam | 1012 | \$ 100.00 | <input type="checkbox"/> |
| Written Re-examination | 1011 | \$ 175.00 | <input type="checkbox"/> |
| Practical Re-examination | 1011 | \$ 25.00 | <input type="checkbox"/> |

1. Have you ever held an Optician License issued by the Virginia Board for Opticians?

No ☐

Yes * ☐ Virginia Opticians License Number 1101 Expiration Date _____

* If yes and your license expired more than 60 days ago, but less than 24 months ago, you are required to **reinstate** your Virginia Optician License by completing an *Optician License Reinstatement Application*. **DO NOT COMPLETE THIS LICENSE APPLICATION.**

2. Name _____

Last

First

Middle

Generation

3. Social Security Number or Virginia DMV Control Number * - -

* State law requires every applicant for a license, certificate, registration or other authorization to engage in a business, trade, profession or occupation issued by the Commonwealth to provide a social security number or a control number issued by the Virginia Department of Motor Vehicles.

4. Date of Birth _____

5. Maiden Name or Former Surname(s) _____

| FOR OFFICE USE ONLY | DATE | FEE | TRANS CODE | ENTITY # | APPLICATION # | FILE# / LICENSE # | ISSUE DATE |
|---------------------|------|-----|------------|----------|---------------|-------------------|------------|
| | | | | | | 1101 | |

6. Street Address (PO Box not accepted) _____

 City State Zip Code

7. Mailing Address (PO Box accepted) _____

 City State Zip Code

8. E-mail Address _____

9. Contact Numbers _____
 Primary Telephone Alternate Telephone Facsimile

10. Are you applying through reciprocity as an optician currently licensed, certified or registered in another state?
 No ☐
 Yes ☐ If yes, list all the licenses, certificates and registrations in the following table **and** attach a Certification of Licensure/Letter of Good Standing, dated within the last 60 days from each state.

| State/ Jurisdiction | What type of examination did you pass? | | License, Certification or Registration No. | Expiration Date |
|---------------------|--|------------------------------------|--|-----------------|
| | Written <input type="checkbox"/> | Practical <input type="checkbox"/> | | |
| | Written <input type="checkbox"/> | Practical <input type="checkbox"/> | | |
| | Written <input type="checkbox"/> | Practical <input type="checkbox"/> | | |

11. Which education requirement have you met in order to qualify for a Virginia Optician License?
☐ Completion of a board approved two-year course in a school of Opticianry, including the study of topics essential to qualify for practicing as an optician.
 School Name & Location _____
 Date Enrolled _____ Date Completed _____
☐ Completion of a board-approved three-year apprenticeship with a minimum of one school year of related instruction or home study while registered in the apprenticeship program in accordance with the standards established by the Virginia Department of Labor and Industry, Division of Apprenticeship Training and approved by the Board for Opticians.
 Name of Apprenticeship Representative _____
 Signature of Apprenticeship Representative _____
 Date _____

12. Have you ever been subject to a disciplinary action imposed by any (including Virginia) local, state or national regulatory body?
 No ☐
 Yes ☐ If yes, please provide a certified copy of the final order, decree or case decision by a court or regulatory agency with lawful authority to issue such order, decree or case decision.

13. Have you ever been convicted in any jurisdiction of **any felony or misdemeanor**? *Any guilty plea or plea of nolo contendere must be disclosed on this application. Do not disclose violations that were adjudicated as a minor in the juvenile court system.*

No ☐

Yes ☐

If yes, list the misdemeanor and/or felony conviction(s). Attach your original criminal history record; a certified copy of the final order, decree, or case decision by a court or regulatory agency with lawful authority to issue such order, decree, or case decision; and any other information you wish to have considered with this application (e.g., information on the status of incarceration, parole or probation; reference letters; documentation of rehabilitation). If additional space is needed, attach a separate sheet of paper.

Certified copies of court records may be obtained by writing to the Clerk of the Court in the jurisdiction in which you were convicted. The address is available from your local police department.

Original criminal history records may be obtained by contacting the state police in the jurisdiction in which you were convicted. Virginia residents must complete a criminal history record request form in the presence of a notary public and mail it to the Department of State Police, Central Criminal Records Exchange, Post Office Box 27472, Richmond, VA 23261-7472.

Consent to Suits

By signing this application, you acknowledge that if you are not a Virginia resident, or move outside of Virginia while you hold a Virginia Optician License, you understand that this application serves as a written power of attorney, whereby you appoint the Director of the Department of Professional and Occupational Regulation, and his/her successors in office, to be your true and lawful agent and attorney-in-fact, in your stead, upon whom all legal process against and notice to you may be served and who is hereby authorized to enter an appearance in your behalf in any case or proceedings arising out of the trade or profession practiced; and that by submitting this application you hereby agree that any lawful process against you which is duly served on said agent and attorney-in-fact shall be of the same legal force and validity as if served upon you.

14. I, the undersigned, certify that the foregoing statements and answers are true, and I have not suppressed any information that might affect the Board's decision to approve this application. I certify that I will notify the Department if I am subject to a disciplinary action or convicted of any felony or misdemeanor charges (in any jurisdiction) prior to receiving the requested license. I certify that I understand and have complied with all the laws of Virginia related to optician licensure under the provisions of Title 54.1, Chapter 17, of the *Code of Virginia*, and the *Virginia Board for Opticians Regulations*.

Signature _____

Date _____